# STATE CONSTRUCTION INDUSTRY LICENSING BOARD DIVISION OF UTILITY CONTRACTORS

P.O. Box 13446 Macon, Georgia 31208 www.sos.state.ga.us/plb/construct

## INSTRUCTIONS FOR APPLYING FOR UTILITY CONTRACTOR LICENSE

Businesses that contract to perform utility work as defined in O.C.G.A. §43-14-2, are required to hold a State Utility Contractors license. Businesses applying for a license must submit a completed application documenting adoption of a safety policy and employment of a certified utility manager.

Applications must include an "Employment of Utility Manager" form for the business and for any branch office operated by the business. The manager must hold a current utility manager certificate, and the certificate number must be listed on the form. The form is to be signed by the certificate holder and the owner, partner, or officer of the business certifying that the certificate holder is employed full time and is responsible for supervising utility work performed by the business. If the manager has applied for a certificate, but has not received the examination results, enter "pending" under "certificate number" and enter the date of the examination to be taken by the manager.

The owner, partners, or offices must sign the Safety Policy as adopted by the business, certification of the application, and authorization for release of any criminal history records. These signatures must be properly notarized.

The nonrefundable application fee of \$50.00 must be submitted with the completed application. The check or money order is to be made payable to the <u>Georgia Construction Industry Licensing Board</u>. The application and fee are to be mailed to the board office at the above address.

If you have any questions concerning the application form, contact the State Construction Industry Licensing Board at the above address or telephone (478) 207-2440.

PLEASE DETACH AND KEEP THIS PAGE

#### O.C.G.A. 43-14-2. Definitions.

As used in this chapter, the term:

- (13) "Utility contracting" means undertaking to construct, erect, alter, or repair or have constructed, erected, altered, or repaired any utility system in which the cost of the utility system work exceeds \$100,000.00.
- (14) "Utility contractor" means a sole proprietorship, partnership, or corporation which is engaged in utility contracting under express or implied to contract or which bids for, offers to perform, purports to have the capacity to perform, or does perform utility contracting under express or implied contract.
- (15) "Utility foreman" means any individual who is employed by a licensed contractor to supervise the construction, erection, alteration, or repair of a utility system.
- (16) "Utility manager" means any individual who is employed by a utility contractor to have oversight and charge of the construction, erection, alteration, or repair of utility systems.
- (17) "Utility systems" means any system at least five feet underground, when installed or accessed by trenching, open cut, cut and cover, or other similar construction methods which install or access the system from the ground surface, including, but not limited to, gas distribution systems, electrical distribution systems, communication systems, water supply systems, sanitary sewerage and drainage systems, reservoirs and filtration plants, water and waste-water treatment plants, leachate collection and treatment systems associated with landfills, and pump stations, when the system distributes or collects a service, product, or commodity for which a fee or price is paid for said service, product, or commodity or for the disposal of said service, product, or commodity."

FOR BOARD USE ONLY	
Amount Submitted	
Date	
Receipt #	



FOR BOARD USE ONL	.Υ
Certificate Number	
Date Issued	
Applicant No.	

### GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440 www.sos.state.ga.us/plb/construct

## APPLICATION FOR UTILITY CONTRACTOR

### **Application Fee \$50.00 (non-refundable)**

In the form of a money order, or company or personal check made out to GCILB

#### **Method Obtained by:**

Reason:\_\_\_

Applicant is applying for above referenced license by: ( **xx** ) Application

Name of Busin	ess appl	ying for license:			
FEI Number: _					
Physical Addre	ess				
P.O. Box not acce	eptable	Number and Street	Apt. No	City/State	Zip
Mailing Addres	SS				
(if different)	P.O. Box (	OR Number and Street	Apt. No	City/State	Zip
Business Telephon	e Number	<del></del>	Business Fax Number	er	
Business e-mail ad	dress:				-
Type of Business:					
Sole Proprie	etorship	Partnership	Corporation	LLC	
			Board Use Only		
Approved by	/:		Date approved by Div	ision	
Disapproved	d by		Date disapproved by	Division	

### PART II – PARTNER, OWNER, OFFICER INFORMATION

Provide the following	information for each owner, part	ner, or officer wit	n the business:		
Name of owner, partner, or officer:					
Davidanas addrass.	Last		First	Mi	ddle
Residence address:_	Street (P.O. Box not acceptable)	City		State	Zip Code
Home Phone: ( )_	Cell Phone (	)	Title with Busines	SS:	
Date of Birth:		_ Socia [For La	I Security Number: w Enforcement and Admir	nistrative Purposes.]	
Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony.   No Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.					
Provide the following	information for each owner, part	ner, or officer wit	n the Business:		
Name of owner, partn	ner, or officer: Last		First	Mi	ddle
Residence address:_	Street (P.O. Box not acceptable)	City		State	Zip Code
Home Phone: ( )_	Cell Phone: (	)	Title with Busine	ss:	
Date of Birth:			Security Number: w Enforcement and Admir	nistrative purposes.]	
Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony.   No Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.					
Provide the following	information for each owner, part	ner, or officer wit	n the Business:		
Name of owner, partn	ner, or officer: Last		First	Mi	ddle
Residence address:S	Street (P.O. Box not acceptable)	City	St	ate	Zip Code
Home Phone: ( )_	Cell Phone: (	)	Title with Busines	s:	
Date of Birth:			I Security Number: w Enforcement and Admir	nistrative Purposes]	
been convicted of or e If you answered "Yes", y before which you were of statement (on official let	convicted of a misdemeanor (of entered a plea of guilty, nolo con you must submit to the Board the fol convicted and sentenced, signed by tterhead) from your probation / parol	itendere, or unde llowing: a) a copy o the presiding judgo le officer regarding	r "First Offender Act" f conviction/sentencing e, and showing said cor your current status/com	on a felony.   document(s) from a noticition and senten	No Yes the Court ce; AND b) a

PART I	II – BUSINESS HISTORY			
Has the business ever held a Utility Contractor I which issued:	icense?	license and board or agency		
Has the business ever had a license revoked, so in Georgia or other state?   No Yes including the date:	If Yes, identify the board or agency and o			
PART IV – QUALIFYING UTILITY MANAGERS				
Names of Utility Managers employed to supervis "Part VI - Employment of Utility Manager" form for		of the business. Attach		
PART V – SAFETY POLIC	Y, CERTIFICATION AND AUTH	IORIZATION		
I certify that this business has adopted as a Safet is concerned and supports safety in the complex active and continuous efforts to perform complies with state and federal safety remaintains a safety program; and, conducts regularly scheduled safety meets	conduct of its utility work; rovide a safe working environment; quirements;			
I further certify that the information contained in forged, false, or fraudulent information contained or to revoke any license issued based on this a information concerning me from any state or local	d in this application is grounds for the division application. I authorize the division to receive	n to refuse to issue a license		
Signature of owner, partner, or officer	Title	Date		
Signature of owner, partner, or officer	Title	Date		
Signature of owner, partner, or officer	Title	Date		
Signature of owner, partner, or officer	Title	Date		
Subscribed and Sworn to before me this	day of			
(Signature of Notary Public)	My Commission Expires:_			
Before you mail your application, check to see if: a) b) c)	all sections are completed; the form is signed and notarized; your <b>nonrefundable</b> application fee of \$50.00 is	enclosed and		

### PART VI - EMPLOYMENT OF UTILITY MANAGER Name of Business: Business Address:\_\_ Zip Code Street (P.O. Box not acceptable) City/State )\_\_\_\_\_ FEI number:\_\_\_\_ Business telephone number: ( Address of Branch office to which certificate holder is assigned: City/State Street Zip Code Name of Utility Manager Certificate holder:\_\_\_\_\_\_\_ First Middle Title with Business:\_\_\_\_\_ Date first employed by business:\_\_ (mm/dd/yyyy) Certificate Number:\_\_\_\_\_ Certificate Expiration Date:\_\_\_\_ If certification is pending approval, date of examination to be taken by the Manager:\_\_\_\_\_\_ I certify that I am a regular, full-time employee of the above-named business and am responsible for supervising utility work performed by the business. Signature of Certificate Holder Date I certify that the above-named certificate holder is a regular, full-time employee of this business and is responsible for supervising utility work performed by the business. Title Signature of owner, partner, or officer Subscribed and Sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_, (Signature of Notary Public) My Commission Expires: (SEAL)